



Central Coast Regional Water Board
Irrigated Agriculture Waiver
Education Credits Approval Request



NOTE: please send completed form via fax (805)788-3536 or email chuckaby@waterboards.ca.gov

A. Course Description (please provide copy of agenda)

Course/Seminar Title	Please circle: Spanish English	Course/Seminar Date	
Course/Seminar Location Address		Starting Time	Ending Time
Course Provider Organization		Email Address	
Course Provider Contact Person		Telephone Number	
Course Provider's Address		Fax Number	

B. Hours Requested

**C. Hours Approved
(Regional Board use)**

		Class Code: Please include this code on the certificate provided to attendees.
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D. Topic(s) Covered

- | | |
|---|---|
| <input type="checkbox"/> Nutrient management practices | <input type="checkbox"/> Pesticide management practices |
| <input type="checkbox"/> Irrigation management practices | <input type="checkbox"/> Erosion control |
| <input type="checkbox"/> Water Quality regulatory requirement | |

E. Notification Status – For Regional Board use only

- ☐ Your request for education credits has been approved.
☐ Based on information provided, your request does not meet approval requirements.

Approved: _____ Date: _____